



Cardiac MR PET CT Program Application for Research Position: Pre-Medical/Medical Students



First Name:	Last Name:	
Address:	Phone:	
	E-mail:	
US Citizen or Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country of Citizenship:	
Undergraduate Institution:	Major:	Degree Awarded/Year:
Medical School (if applicable):		Expected Degree/Year:
Interested Project or Faculty Mentor:		
Expected Time Commitment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If part time, please elaborate:		
Research Experience (if applicable):		
Reference #1: Name: Title: Phone: E-mail:		
Reference #2: Name: Title: Phone: E-mail:		

Please attach a CV/resume on a separate page and forward letters from the referees listed.

Please send completed application to:

Udo Hoffmann c/o Fellowship Manager
Cardiovascular Imaging Research Center: Student Application
165 Cambridge Street, Suite 400
Boston, MA 02114
Phone: 617-643-0239
Fax: 617-724-4152
E-mail: circmgh@partners.org